

Step 5 of 10: Assess ear problems.		
Any pain? <input type="checkbox"/> Yes <input type="checkbox"/> No	Swelling behind ear: MASTOIDITIS ▶ Give first dose of antibiotic and paracetamol. Refer URGENTLY. Ear discharge: EAR INFECTION ▶ Dry ear with wick, give antibiotics for 5 days, give paracetamol, and follow-up after 5 days.	
Ear discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Swelling behind ear? <input type="checkbox"/> Yes <input type="checkbox"/> No		
For how long?days		
Step 6 of 10: Check for malnutrition.		
Is the child eating less than usual? <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible severe wasting OR oedema: SEVERE MALNUTRITION ▶ Give vitamin A and refer. NO visible severe wasting OR edema AND MUAC is 115 mm to 125 mm: MODERATE MALNUTRITION ▶ Counsel mother, follow-up in 14 days. FEEDING PROBLEMS ▶ Counsel mother on feeding.	
Is child gaining weight? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Any visible severe wasting? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Any oedema of both feet? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mid-upper arm circumference (MUAC)mm		
Ask about child's feeding (how often, type of food, type of fluids, amount)		
Step 7 of 10: Check for anemia.		
Check palmar pallor	Severe pallor: SEVERE ANEMIA ▶ Refer URGENTLY. Some pallor: ANEMIA ▶ Give iron and folic acid. mRDT negative: NO MALARIA ▶ Do not give ACT. Give paracetamol, assess and treat other causes of fever, or refer. mRDT positive: MALARIA ▶ Treat with ACT.	
Severe – Very pale or white <input type="checkbox"/> Yes <input type="checkbox"/> No		
Some – Pale, some pink spots <input type="checkbox"/> Yes <input type="checkbox"/> No		
If pallor, does child have sickle cell disease? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK		
If pallor, conduct mRDT <input type="checkbox"/> Positive (+) <input type="checkbox"/> Negative (-)		
Step 8 of 10: Check for HIV infection.		
Has mother tested for HIV? <input type="checkbox"/> Yes <input type="checkbox"/> No	No ▶ Test for HIV ▶ If positive, counsel mother and refer.	
Has the child tested for HIV? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Step 9 of 10: Check the child's immunization card and vitamin A supplementation status.		
Has child completed vaccination series? <input type="checkbox"/> Yes <input type="checkbox"/> No	No ▶ Give or schedule immunization and/or Vitamin A.	
Has child received Vitamin A in the last 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		date:
Step 10 of 10: Are there any other issues to note?		